

**UNITED STATES DISTRICT COURT FOR THE DISTRICT OF MONTANA**  
**TRANSCRIPT DESIGNATION AND ORDERING FORM**

*Please read instructions.*

1. NAME <b>Christopher Weaver</b>		2. PHONE NUMBER <b>212-416-4084</b>	3. DATE <b>09/17/18</b>	
4. MAILING ADDRESS <b>1211 Ave of the Americas</b>		5. E-MAIL ADDRESS <b>christopher.weaver@wsj.com</b>	6. CITY <b>New York</b>	7. STATE <b>NY</b>
8. ZIP CODE <b>10036</b>	9. JUDGE <b>Morris</b>	10. CASE NAME <b>USA v Weber</b>		
11. U.S. DISTRICT COURT CASE NUMBER <b>18-cr-00014-BMM</b>		12. COURT OF APPEALS CASE NUMBER		

13. ORDER FOR

<input type="checkbox"/> APPEAL	<input checked="" type="checkbox"/> CRIMINAL	<input type="checkbox"/> CRIMINAL JUSTICE ACT	<input type="checkbox"/> BANKRUPTCY
<input type="checkbox"/> NON-APPEAL	<input type="checkbox"/> CIVIL	<input type="checkbox"/> IN FORMA PAUPERIS	<input type="checkbox"/> OTHER - Specify

14. TRANSCRIPT REQUESTED - Specify portion(s) and date(s) of proceeding(s) for which transcript is requested.

PORTIONS	DATE(S)	REPORTER	PORTIONS	DATE(S)	REPORTER
Change of Plea			Closing Argument - Plaintiff		
Pre-trial Proceeding			Closing Argument - Defendant		
Voir Dire			Settlement Instructions		
Opening Statement - Plaintiff			Jury Instructions		
Opening Statement - Defendant			Sentencing		
Testimony - Specify Witness <b>R. Four Horns; G. Running Crane</b>	<b>9/4/18</b>	<b>Yvette Heinze</b>	Other - Specify		
	<b>9/5/18</b>	<b>Yvette Heinze</b>			

15. ORDER

CATEGORY	ORIGINAL Includes certified copy to clerk for records of the Court	FIRST COPY to each party	ADDITIONAL COPIES to same party	FORMAT REQUESTED Each format is billed as a separate transcript copy.	
				Paper	Electronic Specify File Format
30-Day (Ordinary)	\$3.65/page <input type="checkbox"/>	\$90/page <input checked="" type="checkbox"/>	\$60/page <input type="checkbox"/>	<input type="checkbox"/> Full Size <input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input checked="" type="checkbox"/> <input type="checkbox"/> A-Z word index
14-Day	\$4.25/page <input type="checkbox"/>	\$90/page <input type="checkbox"/>	\$60/page <input type="checkbox"/>	<input type="checkbox"/> Full Size <input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index
7-Day	\$4.85/page <input type="checkbox"/>	\$90/page <input type="checkbox"/>	\$60/page <input type="checkbox"/>	<input type="checkbox"/> Full Size <input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index
3-Day	\$5.45/page <input type="checkbox"/>	\$1.05/page <input type="checkbox"/>	\$75/page <input type="checkbox"/>	<input type="checkbox"/> Full Size <input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index
DAILY	\$6.05/page <input type="checkbox"/>	\$1.20/page <input type="checkbox"/>	\$90/page <input type="checkbox"/>	<input type="checkbox"/> Full Size <input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index
HOURLY	\$7.25/page <input type="checkbox"/>	\$1.20/page <input type="checkbox"/>	\$90/page <input type="checkbox"/>	<input type="checkbox"/> Full Size <input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index

16. & 17. CERTIFICATE OF SERVICE, DISTRIBUTION and PAYMENT

**E-file this form with the clerk's office, mail to opposing counsel if they are not electronic filers and serve the court reporter.**

If payment is authorized under CJA, complete CJA 24 form through box 15 and attach to this order when e-filing.

Financial arrangements must be made with the court reporter before transcript is prepared.

I certify that this form has been served on the court reporter this date \_\_\_\_\_ Attorney signature: \_\_\_\_\_